



**COUNTY OF SAN LUIS OBISPO  
APPLICATION FOR APPOINTMENT  
DRUG AND ALCOHOL ADVISORY BOARD**

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Supervisory District \_\_\_\_\_ Years resided in the county \_\_\_\_\_

Present Occupation / Employer \_\_\_\_\_

If retired, past Occupation / Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## COUNTY OF SAN LUIS OBISPO APPLICATION FOR APPOINTMENT DRUG AND ALCOHOL ADVISORY BOARD

SOME OF THE INFORMATION REQUESTED IS OF A PERSONAL NATURE, THE INFORMATION SHALL BE HELD IN CONFIDENCE. OUR STATE MANDATED MEMBERSHIP GUIDELINE REQUIRE THAT THE BOARD BE BROADLY REPRESENTATIVE OF THE COUNTY AND BE ABLE TO IDENTIFY DRUG PROBLEMS, HENCE, THE NECESSITY FOR SOME OF THE QUESTIONS.

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Describe the nature of interest and / or commitment

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Describe any education, training, work, experiences, memberships, etc. that you feel would be of value if you were selected as member of the advisory board

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Please explain why you would like to serve in this capacity:

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If appointed, are you willing to participate in the majority of meeting each year and in numerous related meetings or subcommittees? \_\_\_\_\_

If appointed, are you willing, if required, to file a State of Disclosure as a Public Official under the standards of the Fair Political Practice Commission? \_\_\_\_\_

If appointed, do you want to have your address or telephone number published? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Appointment Date \_\_\_\_\_ Term Expires \_\_\_\_\_

Re-Appointment \_\_\_\_\_ Term Expires \_\_\_\_\_

Re-Appointment \_\_\_\_\_ Term Expires \_\_\_\_\_